



Special Considerations Sub-Committee Meeting

Monday, November 21, 2005, 10:00AM

Gordon Persons Building, A & B Meeting Rooms
Montgomery, Alabama

PRESENT: Freida Baker, Pam Brown, Ramona Collins, Ellen Copeland,
Sandy Holmes, Sheenia Little, Gary Mitchell, Linda Stephens,
Lisa Syler

The meeting was called to order by Sandy Holmes, Chair. Introductions of all committee members were completed. The charge for this committee was explained: 1) The committee is to come up with policy defining No Eject, No Reject; 2) The committee is to come up with policy defining aftercare; and 3) The committee is to come up with policy regarding aftercare. Gary Mitchell gave a brief overview of what the continuum of care will look like pending input from all subcommittee meetings.

The following recommendations are presented for consideration for the RFP process:

1. No Eject, No Reject Policy

The following children will not be included: 1) Children who are adjudicated as a sexual perpetrator; 2) Children who are diagnosed as MRDD; and, 3) Children who are diagnosed as Medically Fragile.

- No Reject: A Provider will not be able to reject more than 15% of the referrals in a calendar year unless they are full. This percentage will be re-evaluated at the end of 12 months to determine whether or not the number should be changed.
- No Eject: A provider will only be allowed to eject a child for the following reasons:
 - A child attempts suicide
 - A child commits homicide
 - A child must enter acute care for out-of-control substance abuse



- Substantial destruction of property in the amount of \$5,000 or more **and** which jeopardizes the health and/or safety of others

2. Aftercare

The time period in which a provider is tracking to ensure a placement is viable and the child will not re-enter care. If a child must re-enter care during this time frame, it will be at no additional cost to the Department. The period for aftercare will be for three (3) months.

3. Appeals

An appeal may be made when the ISP team determines that no consensus can be agreed upon. Input from the OCWC consultant will be sought first. Then, either the department or the Provider may request an appeal which will be heard by an Appeals Team which will be composed of Providers, County and State DHR staff, DHR Legal, and an impartial member of a child advocacy group.